

STATE OF ALABAMA
DEPARTMENT OF HUMAN RESOURCES
Food Assistance Program

Irregular Work Form

Name: _____ County: _____

Case Number: _____

Month _____ Year _____

NOTICE TO APPLICANT/CLIENT: This form should be taken to each employer on the day(s) you work for them.

NOTICE TO EMPLOYERS SIGNING THIS FORM: This record is used for determination of applicant's eligibility for the Food Assistance Program and is necessary for verification of his/her income for the month stated above. Please list gross wages and sign each time the applicant is paid. Be sure to give your phone number in case there are questions.

Day of Month	Gross Daily Wages	Employer's Signature	Phone	Remarks
1.	_____	_____		
2.	_____	_____		
3.	_____	_____		
4.	_____	_____		
5.	_____	_____		
6.	_____	_____		
7.	_____	_____		
8.	_____	_____		
9.	_____	_____		
10.	_____	_____		
11.	_____	_____		
12.	_____	_____		
13.	_____	_____		
14.	_____	_____		
15.	_____	_____		
16.	_____	_____		
17.	_____	_____		
18.	_____	_____		
19.	_____	_____		
20.	_____	_____		
21.	_____	_____		
22.	_____	_____		
23.	_____	_____		
24.	_____	_____		
25.	_____	_____		
26.	_____	_____		
27.	_____	_____		
28.	_____	_____		
29.	_____	_____		
30.	_____	_____		
31.	_____	_____		

Client's Statement: I certify that the above record of my income is true and complete to the best of my knowledge.

Date: _____ Signature: _____